

P.O. BOX



Update on the Happenings of CMS's Managed Care Systems and Support Operations

Division of Program Accountability and Payment, HPBG, CBC – Centers for Medicare & Medicaid Services (formerly, HCFA)

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ALERT—ALERT— ALERT--DELAYED ACR SUBMISSION DATE

All Managed Care Plans should have received a letter regarding the delayed submission of their Adjusted Community Rate (ACR) data to September 17, 2001. See our website listed below for more information pertaining to the submission of your data.
<http://www.hcfa.gov/medicare/mgd-acr.htm>.

THE MEDICARE BENEFICIARY DATABASE IS COMING!

As many of you may have heard at the March 2001 conference, the Medicare Beneficiary Database (MBD) will be available for plans to use to make inquiries concerning beneficiary information.

The MBD will be available in July, 2001 to managed care Organizations (MCOs) under contract to Medicare. MCO staff who would like access to the MBD should complete the Application for Access to HCFA Computer Systems form and send it to their Central Office Regional Contacts. Upon approval, each user will receive a letter authorizing MBD access, along with instructions and software.

Questions concerning the MBD should be directed to the Central Office Regional Contacts.

PRE JANUARY 2001 CARRIER BACKLOG OF WORKING AGED CORRECTION REQUESTS – ACTION

We have been notified by several Medicare+Choice Organizations (M+CO's) of a delay in the correction of some working aged cases submitted to carriers prior to January 8, 2001. As you know, prior to that date, M+CO's were required to mail certain Working Aged /CWF discrepancies to the local Part B carrier for updating. With the implementation of the new Coordination Of Benefits Contractor (COB Contractor) process on January 8, the Part B carriers access to working aged records became limited and carriers were no longer responsible for processing working aged changes from MCOs. Due to this change in function and access, some working aged corrections apparently did not process.

In order to address this situation, the Centers for Medicare and Medicaid Services (CMS) have arranged for the COB contractor to

complete the pre-January 8 carrier workload. Because there is no way for CMS to establish what data had been sent to carriers by our M+COs and not processed prior to the implementation of the COB, we must ask your cooperation in making this determination.

ACTION

Please review your working aged corrections that you submitted to us prior to January 2001. If you determine you still have cases submitted to the carriers prior to the January 8, 2001 transition date that you wish to be corrected, please follow the instructions below.

SUBMITTAL INSTRUCTIONS

The process is very similar to the way you are submitting current COB Contractor requests. There are three parts to the process for pre-January 8 requests that are different from the current submittal process for the COB Contractor.

1. Submissions to the COB Contractor must be received by GHI within 45 days from the date of this letter (July 16, 2001) and no later. This is due to the short term nature of the performance period for this task.

2. For identification purposes, the "CWF Referral Form" must have an "X" in the "CHECK IF SECOND REQUEST" field.
3. Just below the "CHECK IF SECOND REQUEST" field, write or type "(PRE-COB)" to indicate that the request is a pre-January 8, 2001 special correction request.

Please be assured we will process these requests as quickly as possible. We are aware that some of the adjustments will extend beyond our 36 month reimbursement policy and we feel your organizations are due the adjustments. We are working on how we can implement this change to effect your payment.

DECEASED BENEFICIARY CLEANUP

Due to a temporary problem in the process that receives updates from the Enrollment Database (EDB), dates of death for some beneficiaries were not applied in the managed care system. This resulted in erroneous payments to plans for members that were, in fact, deceased. To resolve the problem, a full-

scale comparison of data was conducted with the EDB to ensure that all missing dates of death would be received. The following process was used.

- A file of all active beneficiaries in the managed care system was created.
- This file was compared to all beneficiaries with dates of death on the EDB.
- The updated file of deceased beneficiaries was then processed to determine situations where payments had been made to plans after the date of death.
- Adjustments were created to recoup the erroneous payments back to the date of death, even if this timeframe exceeded 36 months.

The following statistics resulted from this effort.

- Payments for 915 beneficiaries were impacted.
- About 190 different plans were involved.
- A total of -\$4.2M in adjustments were processed; -\$3.3M involved 36 or less months and -\$0.9M involved more than 36 months.

SEPTEMBER 2001 ENROLLMENT AND PAYMENT CONFERENCE

AGENDA TOPICS FOR THE GENERAL SESSION

- ❖ Introduction of Division of Program Accountability and Payment Staff
- ❖ CWF Utilization Screens
- ❖ Quality Assurance Performance Improvement Plan for 2002
- ❖ Reconciliation of Risk Adjusters Report
- ❖ Duplicate Payments Workgroup Report
- ❖ Status of the COB Contract Workload
- ❖ Enrollment Election Periods Policy (Lock-in)
- ❖ Systems Changes: Enrollment Election Period Processing (Lock-In)
- ❖ Systems Changes: Plan Benefit Package Policy
- ❖ Legislation and Congressional action related to Managed Care
- ❖ HIPAA: Privacy Rule and how it effects M+C Operations
- ❖ HIPAA: 820 standard transaction set as it applies to the payment letter

LATE BREAKING NEWS AND QUESTIONS AND ANSWER WITH DPAP STAFF

*Managed Care Redesign
Monitoring guide update
Enrollment Consistency
Team Issues
HIPAA*



WORKSHOPS

- Walk through of the Enrollment And Payment Guide and the Plan Communication Guide (recommended for new staff)
- Working aged and COB
- CWF Utilization Screens
- 820 standard transaction set
- ESRD
- MBD

PLEASE VISIT OUR WEBSITE

<http://www.hcfa.gov/medicare/systinfo.htm>

**FOR THE LATEST
UPDATE ON
CONFERENCE AND
REGISTRATION
INFORMATION.**